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Case Report Of A Rare Case Of Vulval Elephantiasis

Dr. Tanushree Mondal[1,] Dr. Koushik Dewan[2,] Dr. Partha Partha Mandal[3.]
[1](*Assistant Professor ,Department of Community Medicine, IPGMER and Assistant Director of Medical Education, Department of Health & Family Welfare, Kolkata, India)*
[2(]*Assistant Professor, Department of Laboratory Medicine, School of Tropical Medicine, Kolkata, India)*
[3]*(Tutor, Department of General Surgery, Malda Medical College, Malda*)

Abstract : *Genital elephantiasis is caused by a variety of infective and non infective causes leading to blockage of lymphatic. We are presenting a rare case of vulval elephantiasis which occurred in a 14-year old unmarried female and who presented with vulval swelling and on examination it was bilateral, soft, polypoidal growth measuring 10 × 12 cm in right and 11 × 12 cm left , arising from the labia majora ,the overlying skin was hard and showed rugosities. FNAC (Fine needle aspiration cytology) was contributory for diagnosis. The case was operated by excision of thickened skin and subcutaneous tissue followed by primary closure.*
Keywords *- Filariasis , Vulval Elephantiasis*

I. Introduction

Elephantiasis is one of the oldest, most crippling disorder that has a long history and worldwide distribution. Genital Elephantiasis, or the Vulval Elephantiasis is caused by a variety of infective and non infective causes leading to blockage of lymphatics. Esthioneme is a Greek terminology used to describe elephantiasis which means to eat , and carries an idea something eroded or ulcerated.[1]

II. Case Study

A 14-year-old, unmarried female from Arambag presented with Low grade fever on and off and a perineal swelling for 2 years, slowly increasing to its present, no lymphadenopathy. Her Menstrual History was normal. There was no history of Tuberculosis and no history of genital ulcer, surgery or irradiation. On examination patient was afebrile and her gait was unusually wide due to large, hypertrophied, pendulous, multilobed mass of hypertrophied tissue hanging down. Local examination revealed bilateral, soft, polypoidal growth measuring 10 × 12 cm in Right and 11 × 12 cm Left , arising from the labia majora ,the overlying skin was hard and showed rugosities.(Fig 1). FNAC showed hypocellular smears with an occasional lymphocyte in a proteinaceous background. The case was operated by excision of thickened skin and subcutaneous tissue followed by primary closure.The cut section was grey-white to grey-yellow and firm. Microscopic examination showed a polypoidal lesion covered by acanthotic epidermis. Dermis and subcutis showed dense collagenization and contained numerous dilated lymphatics. .(Fig 2 ,3). Subsequent to histo pathologic report, filarial antigen serology was done, which was positive.

III. Conclusion

The term elephantiasis was first described by Celsius (30BC-50AD) (2). Lymphatic filariasis in external genitelia are very rare and it has been reported as sporadic case reports even though it was first described in 1673 (3). Largest study on these cases was from India in 1980 where they have described 25case reports (4). Elephantiasis of vulva roughly affects not more than 1-2% of total case of filarial elephantiasis (5). The death of adult worms provokes acute inflammation and lymphatic dysfunction, and the late effects of the disease, such as elephantiasis, result from superimposed bacterial infection in areas of lymphatic dysfunction. High index of clinical and histopathological suspicion led to the suggestion of vulval elephantiasis on histopathology. The diagnosis was further supported by positive filarial antigen serology.

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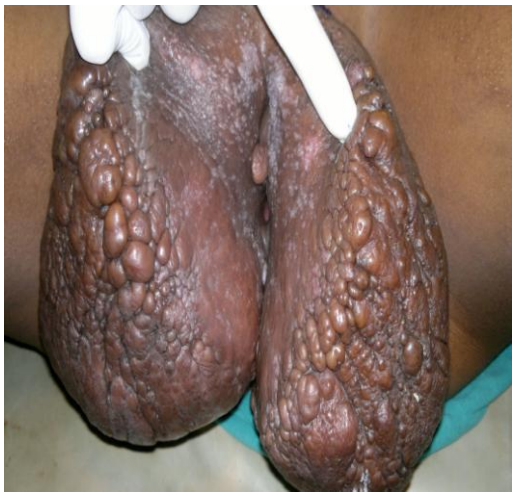
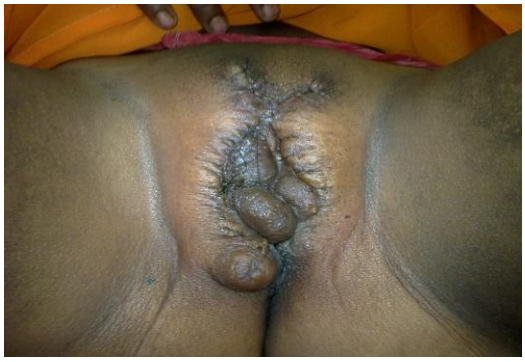


(Fig 1): Pre-Operative Period



(Fig.2): Early (5th day) post-operative state

(Fig 3):1 month post operative state